BEST AVAILABLE COPY

								Application or Docket Number							
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000									D9752612						
. CLAIMS AS FILED - PART I								SMALL ENTITY				OTHER			
TO	TAL CLAIMS		(Column 1)		(Column 2)] •	TYPE [OR	SMALL			
			71				.	 		FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 355.00		355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS					5/			X\$ 9=			OR	X\$18=	558		
INDEPENDENT CLAIMS			ろ minus 3 =		6			X40=			OR	X80=			
MU	LTIPLE DEPEN	RESENT	ESENT				+135=			OR	+270=				
* If	the difference	in column 1 is	ess than zero, enter "0" in colu			olumn 2	l	TOTAL			OR OR	TOTAL	26, Q		
CLAIMS AS AMENDED - PART II											J - ' '	OTHER	THAN		
		(Column 1)		(Colui	mn 2)	(Column 3) SMAL			LL I	ENTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATI	Ë	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=			
	Independent	*	Minus	***		=		X40:	_		OR	X80=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA						1					.070	-		
-							Į	+135	= TAL	ļ	OR	+270= TOTAL			
								ADDIT. F			OR	ADDIT. FEE			
		(Column 1) CLAIMS		(Colu	mn 2) HEST	(Column 3)	,]				1 1				
NDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATI	Е	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=] [X\$ 9	_		OR	X\$18=			
AMEN	Independent	*	Minus	***		=		X40=			OR	X80=			
لــا	HIRST PRESE	ULTIPLE DEF	IPLE DEPENDENT CLAIM			!	.105				+270=				
							L	+135			OR	+270= TOTAL			
									EE		OR	ADDIT. FEE			
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST														
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	IBER	PRESENT EXTRA		RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9	=]		OR	X\$18=			
	Independent	*	Minus	***		=	 	X40=	_		OR	X80=			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										UH		 		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+270=			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."															
		nber Previously Pa					er fou	ind in the	е арг	propriate box	x in co	lumn 1.			